

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS5007HIC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/01/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>CELE'S CARE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>944 SADDLE HORN DR HENDERSON, NV 89015</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on 7/01/09. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The census at the time of the survey was one. One resident file and three employee files were reviewed.</p> <p>The following deficiencies were identified:</p>	H 000		<p>Poc Accepted 9/4 7/27/09</p>
H 018	<p>Director Duties-BLC&amp;DAS Phone Numbers</p> <p>NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 3. Ensure that the residents of the home: (b) Receive: (4) The names of, and the telephone numbers for the registration of complaints with the bureau and the aging services division of the department of human resources.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review on 7/1/09, the director did not ensure that the names and telephone numbers for registration of complaints with the Bureau of</p>	H 018	<p>X H018</p> <p>A. The phone numbers of for the Bureau of Health Care Quality and Compliance and the Division for Aging Services are now available for the residents' use. See attachment #1.</p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Celina Mazon* TITLE *Owner* (X6) DATE *7/13/09*  
STATE FORM 6899 NOIF11 RECEIVED If continuation sheet 1 of 4

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BUREAU OF LICENSURE AND CERTIFICATION  
LAS VEGAS, NEVADA

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  NVS5007HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/01/2009
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H 050	Continued From page 2  (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall	H 050	B. All employee files will be reviewed every month to ensure employees have current physical exam and TB tests. The director will monitor for compliance.  C. 7/15/09	OK

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